TASKFORCE WORK SHEET

NAME (Last, First, MI.) — DATE & PLACE OF BIRTH

GRIMM, SUZANNE SIMON

DEPENDENTS

RESIDENCE ABROAD

CALLER (Family or Friend) Name & Relationship — Address — Phone: Home: Off.:

JONES & LEWIS MORTUARY — LOWER LAKE CALIF — 707-994-6417

CALLER (Congressional) Sen. or Cong. — Assistant — Phone: FTS:

REMARKS: Burial Permit will accompany body 2.

DEPARTMENT OF STATE A/CDC/MR

REVIEWED BY [illegible] DATE 4/8/81

XDS ☐ or XDS ☐ EXT. DATE

TS AUTH. _____ REASON(S)

EXEMPT EXISTING MARKINGS ☐

DOCUMENT IS RELEASABLE ☒

PASSAGE DENIED ☐

APPLICABLE EXEMPTIONS

INQUIRY DATE — PERSON RECORDING INQUIRY

[Over]

TASKFORCE WORK SHEET

NAME (Last, First, MI.) — DATE & PLACE OF BIRTH

Grimm, Sue L. — 37 yrs.

DEPENDENTS

—

RESIDENCE ABROAD

CALLER (Family or Friend) Name & Relationship — Address — Phone: Home: (707) 987-306[illegible] Off.:

Mildred Simon (sister) — P.O Box 51 Middletown CA 95461 — was informed upon Inquiry 11/24

CALLER (Congressional) Sen. or Cong. — Assistant — Phone: FTS: Com:

Fredereck (in-laws) W. GRIMM — well informed upon inquiry — (707) 994-9175

REMARKS:

Judith A. Grimm — P.O. Box 211 Lower Lake, Calif.

INQUIRY DATE — PERSON RECORDING INQUIRY — [Over]

Holt ~ see Grimm, Ronald + Tina

TASKFORCE WORK SHEET

NAME (Last, First, MI.) — DATE & PLACE OF BIRTH

GRIMM, SUE — 50

DEPENDENTS

DOVER, 2/2

RESIDENCE ABROAD

CALLER (Family or Friend) Name & Relationship — Address — Phone: Home: Off.:

Mrs. Simon 805-483-4866

CALLER (Congressional) Sen. or Cong. — Assistant — Phone: FTS: Com:

REMARKS: 12/3/78 Mrs. Simon notified re due Grimm 11/22/78 notified of procedures to follow in re remains being shipped from Dover. Will have personal home call. 12:15 p.m.

INQUIRY DATE — PERSON RECORDING INQUIRY — [Over]

→ WARNING: ALTERATION, ADDITION OR MUTILATION OF ENTRIES IS PROHIBITED. ANY UNOFFICIAL CHANGE WILL RENDER THIS PASSPORT INVALID.

NAME—NOM	
SUE L. GRIMM	
SEX—SEXE: F	BIRTHPLACE—LIEU DE NAISSANCE: CALIFORNIA, U.S.A.
BIRTH DATE—DATE DE NAISSANCE: MARCH 4, 1941	ISSUE DATE—DATE DE DELIVRANCE: APRIL 13, 1977
WIFE/HUSBAND—EPOUSE/EPOUX: X X X	EXPIRES ON—EXPIRE LE: APRIL 12, 1982
MINORS—ENFANTS MINEURS: X X X	SIGNATURE OF BEARER—SIGNATURE DU TITULAIRE

→ IMPORTANT: THIS PASSPORT IS NOT VALID UNTIL SIGNED BY THE BEARER. PERSONS INCLUDED HEREIN MAY NOT USE THIS PASSPORT FOR TRAVEL UNLESS ACCOMPANIED BY THE BEARER.

pages 3 and 4) (Use supplemental sheets when the space provided is not adequate)

A

TO BE COMPLETED BY ALL APPLICANTS

(First name) (Middle name) (Last name)

Sue L. Grimm

I, _____

a citizen of the United States, do hereby apply to the Department of State for a passport.

MAIL PASSPORT TO:

IN CARE OF (if applicable) _____

STREET 15 Harte Ave

CITY San Rafael STATE Calif. ZIP CODE 94901

PHONE NOS. Area Code 415 Home: 456 7423 Business: _____

DATE OF BIRTH (Month) 3 (Day) 4 (Year) 41

PLACE OF BIRTH (City, State or Province, Country) Middletown, Calif. CALIF

HEIGHT 5 Ft. 1½ In.

COLOR OF HAIR (Spell out) black

COLOR OF EYES (Spell out) brown.

APPROXIMATE DATE OF DEPARTURE unknown

VISIBLE DISTINGUISHING MARKS —

OCCUPATION Seamstress

SOCIAL SECURITY NO. (Not Mandatory) 562 56 5753

MY PERMANENT RESIDENCE (Street address, City, State, ZIP Code) SAME

COUNTY OF RESIDENCE (Not Mandatory) _____

B

COMPLETE ONLY IF WIFE/HUSBAND AND/OR CHILDREN UNDER THE AGE OF 18 YEARS ARE TO BE INCLUDED IN PASSPORT AND SUBMIT GROUP PHOTOGRAPH

(WIFE'S) (HUSBAND'S) FULL LEGAL NAME

DATE OF BIRTH (Mo., Day, Year)

PLACE OF BIRTH (City, State or Province, Country)

CHILD(REN)'S NAME(S) IN FULL	PLACE(S) OF BIRTH (City, State or Country)	DATE(S) OF BIRTH (Month, Day, Year)

C

FEE 10" EXEC. 3" POST. _____

AP 13 H 851785

PASSPORT AGENCY
SAN FRANCISCO, CALIF.

4-12-77 Howell

EVIDENCE OF CITIZENSHIP

Applicant's Birth Certificate

Filed 1941 SR CR City

Certificate of Naturalization or Citizenship

No. Date

Place ☐ Seen and Returned

Wife's/Husband's Birth Certificate

Filed SR CR City

Certificate of Naturalization or Citizenship

No. Date

Place ☐ Seen and Returned

Child(ren)'s Birth Evidence

TO BE COMPLETED BY APPLICANT FOR HIMSELF AND PERSONS INCLUDED IN SECTION B

HAVE YOU OR ANYONE INCLUDED IN THIS APPLICATION BEEN ISSUED OR INCLUDED IN A U.S. PASSPORT? ☐ YES ☒ NO. IF YES, COMPLETE THE FOLLOWING REGARDING MOST RECENT PASSPORT ISSUED:

Issue Date: Bearer's Name:

IF NOT SUBMITTED WITH THIS APPLICATION:

Where Issued:

Disposition:

IF EXCLUDED FROM THE PASSPORT:

Date of Exclusion:

IN THE EVENT OF ACCIDENT OR DEATH NOTIFY (Do not show name of a person who will accompany you when traveling) (Not Mandatory)

Name in full: Al Simon

Street address, City, State, ZIP Code: Cotati, Ca.

Relationship: Pot

Phone No. 795-3480

(PASSPORT OFFICE USE ONLY)

APR-13-77 70 000 RPT—TEL $ 13.00

FORM DSP-11 11-75

(OVER—YOU MUST COMPLETE PAGE 2)

FORM APPROVED O.M.B. NO. 47-R0051

MR WILL PO

FATHER'S NAME	FATHER'S PLACE OF BIRTH	FATHER'S DATE OF BIRTH	
Jose Simon	Calif	1915	☒ U.S. CITIZEN ☐ NOT U.S. CITIZEN
MOTHER'S MAIDEN NAME	**MOTHER'S PLACE OF BIRTH**	**MOTHER'S DATE OF BIRTH**	
Caroline Lovell	Rumsey, Calif.	5-18-21	☒ U.S. CITIZEN ☐ NOT U.S. CITIZEN

☐ I WAS NEVER MARRIED
☒ I WAS LAST MARRIED ON 8-22-1959 TO (Full legal name - complete whether widowed or divorced) Ronald Grimm

E WOMEN MUST COMPLETE FOLLOWING IF CHILDREN OF A PREVIOUS MARRIAGE ARE INCLUDED OR IF PREVIOUSLY MARRIED BEFORE MARCH 3, 1931

I WAS PREVIOUSLY MARRIED ON	TO (Full legal name)	WHO WAS BORN AT (City, State, Country)

ON (Date of birth)		
	☐ FORMER HUSBAND WAS U.S. CITIZEN ☐ FORMER HUSBAND WAS NOT U.S. CITIZEN	PREVIOUS MARRIAGE TERMINATED BY ☐ DEATH ☐ DIVORCE ON (Date)

F COMPLETE IF APPLICANT OR ANY PERSON INCLUDED IN SECTION B WAS NOT BORN IN THE UNITED STATES AND CLAIMS CITIZENSHIP THROUGH PARENT(S)

ENTERED THE U.S. (Month) (Year)	IF FATHER NATURALIZED:		IF KNOWN, FATHER'S RESIDENCE IN U.S.
☐ APPLICANT ☐ WIFE ☐ HUSBAND ☐ CHILD	DATE	CERTIFICATE NO.	From (Year) To (Year)
	BEFORE (Name of Court)	PLACE (City, State)	
RESIDED CONTINUOUSLY IN THE U.S. From (Year) To (Year)	**IF MOTHER NATURALIZED:**		**IF KNOWN, MOTHER'S RESIDENCE IN U.S.**
☐ APPLICANT ☐ WIFE ☐ HUSBAND ☐ CHILD	DATE	CERTIFICATE NO.	From (Year) To (Year)
	BEFORE (Name of Court)	PLACE (City, State)	

G PROPOSED TRAVEL PLANS (Not Mandatory)

PURPOSE OF TRIP	MEANS OF TRANSPORTATION	Ship	Air	Other	COUNTRIES TO BE VISITED
Vacation	Departure	☐	☒	☐	Europe
PROPOSED LENGTH OF STAY: 1 month	Return	☐	☒	☐	
NO. OF PREVIOUS TRIPS ABROAD WITHIN LAST 12 MONTHS: none	DO YOU EXPECT TO TAKE ANOTHER TRIP ABROAD? ☒ Yes ☐ No IF SO, WITHIN ☐ Year ☐ 2 Years ☒ 5 Years				

I have not (and no other person included in this application has), since acquiring United States citizenship, been naturalized as a citizen of a foreign state; taken an oath or made an affirmation or other formal declaration of allegiance to a foreign state; entered or served in the armed forces of a foreign state; accepted or performed the duties of any office, post, or employment under the government of a foreign state or political subdivision thereof; made a formal renunciation of nationality either in the United States or before a diplomatic or consular officer of the United States in a foreign state; ever sought or claimed the benefits of the nationality of any foreign state; or been convicted by a court or court martial of competent jurisdiction of committing any act of treason against, or attempting by force to overthrow, or bearing arms against, the United States, or conspiring to overthrow, put down or to destroy by force, the Government of the United States.

(If any of the above-mentioned acts or conditions have been performed by or apply to the applicant, or to any other person to be included in the passport, the portion which applies should be struck out, and a supplementary explanatory statement under oath (or affirmation) by the person to whom the portion is applicable should be attached and made a part of this application.)

WARNING: False statements made knowingly and willfully in passport applications or in affidavits or other supporting documents submitted therewith are punishable by fine and/or imprisonment under the provisions of 18 USC 1001 and/or 18 USC 1542. Alteration or mutilation of a passport issued pursuant to this application is punishable by fine and/or imprisonment under the provisions of 18 USC 1543. The use of a passport in violation of the restrictions contained therein or of the passport regulations is punishable by fine and/or imprisonment under 18 USC 1544. All statements and documents submitted are subject to verification.

I solemnly swear (or affirm) that the statements made on all the pages of this application are true and that the photograph attached is a likeness of me and of those persons to be included in the passport.

(To be signed at same time by wife/husband to be included in passport)

Sue Grimm
(To be signed by Applicant in presence of person administering oath)

SAN RAFAEL CA APR 27 1977 SEAL

Subscribed and sworn to (affirmed) before me this 27th day of April, 1977

(Signature of person authorized to accept passport applications)

Clerk of the GPO, Postal Employee or Passport Agent at San Rafael Calif

IDENTIFYING DOCUMENT SUBMITTED (Proper evidence to identify the applicant and husband/wife to be included in the passport must be submitted)

TYPE: Calif. D/L NUMBER: #3484461

ISSUE DATE: EXPIRATION DATE: 1978 BEARER'S NAME: Sue Lovell Grimm

GUYANA

HE REGISTER OF DEATHS IN DIVISION No. Three DISTRICT North West IN THE

COUNTY OF Essequibo IN THE YEAR 19 78

d Where ed	Name and Surname and other Description	Sex	Age	Rank or Profession and other Description	Cause of Death	Signature, Qualification and Residence of Informant	When Registered	Signature of Registrar

CERTIFIED A TRUE EXTRACT

Fee: 60¢

Registrar General.

OPTIONAL FORM 180 (Rev 4-77)
(FORMERLY FS-193)
DEPT. OF STATE
50180-102

REPORT OF THE DEATH OF AN AMERICAN CITIZEN ABROAD

American Embassy, Georgetown, Guyana
(Post & date of issue)

SSA No. 562-56-8953

Name in full Sue L. GRIMM Age 37 years

Date and Place of Birth March 4, 1941 in California

Evidence of U.S. Citizenship U.S. Passport H851785

Address in U.S.A. 15 Harte Avenue, San Rafael, Calif. 94901

Permanent or Temporary Address Abroad Jonestown, Guyana

Date of death November 18 UNK UNK 1978
(Month) (Day) (Hour) (Minute) (Year)

Place of death Jonestown, Guyana
(Number and street) or (Hospital or hotel) (City) (Country)

Cause of death Acute cyanide poisoning as certified by The Registrar of Deaths, Essequibo, Guyana
(Including authority for statement—if physician, include full name and official title, if any)

Disposition of the remains Returned to the United States

Local law governing disinterment of remains provides that Not applicable

Disposition of the effects Undeterminable at this time

Person or official responsible for custody of effects and accounting therefor Not applicable at this time

Traveling/residing abroad with relatives or friends as follows:

NAME	ADDRESS
People's Temple	Jonestown, Guyana

Informed by telegram or telephone

NAME	ADDRESS	DATE SENT
Mildred Simon	P.O. Box 51 Middletown, Calif.	

Copy of this report sent to:

NAME	ADDRESS	DATE SENT
Mildred Simon	P.O. Box 51 Middletown, Calif.	

Notification or copy sent to Federal Agencies: SSA____ VA____ CSC____ Other____
(State Agency)

The original copy of this document and information concerning the effects are being placed in the permanent files of the Department of State, Washington, D.C. 20520.

Remarks: U.S. Passport H851785 issued April 13, 1977 in San Francisco, California cancelled.

(Continue on reverse if necessary.)

Douglas V. Ellice, Jr. (Signature on all copies)
Consul of the United States of America.

[SEAL]

Additional certified copies available from Authentication Officer, Department of State, Washington, D.C. 20520. Each copy $3.00.

* U. S. GOVERNMENT PRINTING OFFICE : 1978 O- 261-647 (3318*

GRIMM (Last name) Sue (First name) L. (Middle name) November 18, 1978 (Date of death)